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CONFIRMATION NO. 3295

<b>SERIAL NUMBER</b> 10/719,049	<b>FILING OR 371(c) DATE</b> 11/21/2003 <b>RULE</b>	<b>CLASS</b> 422	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> UDL-108 D1
<b>APPLICANTS</b> John Rees, Llandudno, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/440,787 11/15/1999 PAT 6,689,317 which is a CIP of PCT/GB98/01412 05/15/1998 (B)				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 9709821.4 05/15/1997 (B)				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/05/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance (B)		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 31
Verified and Acknowledged Examiner's Signature Initials				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 36822				
<b>TITLE</b> Immunoassay apparatus for diagnosis				
<b>FILING FEE RECEIVED</b> 484	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	